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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
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U.S.P.T.O., G.A.U. 1771	203-799-9000 Ext. 277
FAX NUMBER:	SENDER'S FAX:
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DATE:	SENDER'S EMAIL:
9/16/2003	Email: PatentCounsel@kxindustries.com
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2	

☐ URGENT ☐ AS REQUESTED ☐ PLEASE REVIEW AND COMMENT ☒ PLEASE CALL ☐ FYI ONLY

NOTES/COMMENTS:

Please call to confirm receipt of attached RCE. Thank you.

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/864,976
Filing Date	24 May 2001
First Named Inventor	Koslow
Art Unit	1771
Examiner Name	Boyd, J.A.
Attorney Docket Number	369.7217US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☒ Previously submitted
- i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on 21 August 2003
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. Fees

The RCE fee under 37 CFR 1.17(a) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502371
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Shirley S. Ma	Registration No. (Attorney/Agent)	44,216
Signature	<i>Shirley S. Ma</i>	Date	16 September 2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Shirley S. Ma	Date	16 September 2003
Signature	<i>Shirley S. Ma</i>		

Burden Hour Statement: This form is estimated to take one hour to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

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